

Entry Blank—Please Type or Print

Ms./Artist

Mr./Artist

Permanent

Address

ELEANOR ST. JOHN

(last name last)

Street

City

Zip

Daytime Tel. (216) 232-7261

area

581-8500

Temporary or

Studio Address

ELLEN WOOD REC. CENTER

14 ELLEN WOOD BEDFORD

Street

City

Zip

Daytime Tel. (216) 232-1600

area

X 218

If you do not presently live in one of the counties of the Western

Reserve, in which county were you born? _____

Collaborator (if any) _____

If May Show entries are not accepted or are not sold:

Artist will pick up at Museum.

Museum should dispose of.

Museum should ship to artist at artist's expense:

Street

City

State

Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

Eleanor St. John

I have received the unsold/unaccepted object(s) in good condition.

Signature

Eleanor St. John

Entry Blanks

A

Paintings

Graphics

Photography

Sculpture

Crafts

(specify category)

Materials used (media):

PASTEL

Title

SUMMER SLICE '88

Price or NFS

\$800

Insurance Value

if NFS Only

Size

*FRAMED SIZE
24 X 30 X 1*
height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in
Edition

Price of Print
Unframed

Price of
Frame Only

ACCEPTED

DO NOT WRITE IN THIS SECTION

ACCEPTED

NOT ACCEPTED

X

Graphics

Photography

Paintings

Sculpture

NOT ACCEPTED

B

Crafts

(specify category)

Materials used (media):

PASTEL

Title

IMPLIED PERSPECTIVE '89

Price or NFS

\$800

Insurance Value
If NFS Only

Size

*FRAMED SIZE
30 X 24 X 1*
height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in
Edition

Price of Print
Unframed

Price of
Frame Only

ACCEPTED

DO NOT WRITE
IN THIS SECTION

ACCEPTED

X

REC'D

NOT ACCEPTED

(2)-48

X

DATE

Detach entire portion along dotted line and submit with slides, but retain tags

1989 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

ELEANOR ST. JOHN

Name

202 CENTER ROAD

Address

BEDFORD OHIO

City & State

44146

Zip

Notification #2

Do Not
Detach**A**

Paintings
 Sculpture

Graphics
 Crafts

Photography

Title

SUMMERSLICE '88

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
		X

B

Paintings
 Sculpture

Graphics
 Crafts

Photography

Title

IMPLIES PERSPECTIVE '89

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
(2) - 48	X	

*Return of Objects***Not Accepted: June 20-24****Accepted: August 15-19**

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.

THIS IS YOUR ONLY RECEIPT TO CLAIM YOUR OBJECT